

This form must be filled out by the parent or legal guardian of the camper!

SHETEK BAPTIST CAMP • PO BOX 141 SLAYTON MN 56172 • CAMPER REGISTRATION FORM - 2024

Please Type or Print all Information

Camper's Name: _____

Gender at birth: _____ Birthday: _____

Grade in school in **January** of 2024: _____

Parent's Name: _____

Parent's Address: _____

City, State, Zip: _____

Parent's Phone: _____

Parent's Email: _____

Select the Appropriate Camp # for this Camper

Camp #1 – July 1-6 / Grade in January of '24 → 10-12

Camp #2 – July 8-13 / Grade in January of '24 → 8-9

Camp #3 – July 15-20 / Grade in January of '24 → 6-7

Camp #4 – July 22-26 / Grade in January of '24 → 4-5

Camp #5 – July 29-Aug 2 / Grade in January of '24 → 2-3

*** Campers may not attend camps designated for grades other than their grade in January of 2024.**

Select One Option Below

1. A church is helping pay for this camper. I understand that I need to give this form to the church and pay through them.
2. I will print this form and mail it to the camp with my check.
3. I will go to campshetek.com/pay to register and pay by credit card. (There is an additional \$10 non-refundable credit card processing fee to do this.)

Select Your Price

\$350 - Actual cost

\$325 – Discount option if camp receives the completed registration form and full payment by **April 30th**.

Emergency Contacts

1st Emergency Contact: Phone _____ Name & Relationship: _____

2nd Emergency Contact: Phone _____ Name & Relationship: _____

Insurance

Is the camper covered by medical/hospital insurance? _____ If yes, please give the Policy # _____

Insurance Company Name: _____ Name of the Insured: _____

Medications

1. Bring any prescription meds along to camp. All medications must be turned into the camp First Aid Station upon arrival.
2. All medication (including over the counter) must be in the original container with the original label.
3. Place all meds in a zip style bag. Write the campers name on the outside of the bag with a permanent marker. Write clear instructions on a slip of paper and place it inside the bag.

Conditions

4. * Does the camper have any conditions that they are being treated for or that the camp needs to be aware of? (e.g., Sleep Walking, ADHD, ADD, Drug Reactions, Epilepsy, Fainting, Allergies, Asthma, Anxiety, etc.)
Yes No - If yes, please go to the next page where it says **ADDITIONAL COMMENTS** and explain.
5. * During the school year, is staff provided to help manage this camper's behavior?
Yes No - If yes, Explain: _____
6. * Are there any current conditions (injury, surgery, illness) that may require special attention, or restrictions while at camp?
Yes No - If yes, Explain: _____
- 7 * In the past six months has the camper received professional treatment to address mental or emotional health?
Yes No - If yes, Explain: _____

If additional space is needed to explain anything, please go to **ADDITIONAL COMMENTS** on the next page.

*** The camp may require a "Caregiver's Form" from your attending care professional.**

Agreements & Signature

- a. I affirm that I have read the Camp Brochure at campshetek.com/forms and that I support the policies of the camp.
- b. I give permission to camp first aid personnel to provide routine health care and to administer medications that my camper brings to camp or the camps over the counter meds as they deem necessary.
I understand that:
- c. I give permission that any photos or videos taken at camp that include my camper may be used for camp publicity.
- d. I will be contacted if my child needs medical treatment at a clinic or hospital. If there is an emergency, I give permission to the camp to arrange necessary transportation and to the physician selected by the camp staff to administer treatment.
- e. My camper must be able to independently participate in their camp event.
- f. Camp Shetek reserves the right to search a camper's belongings and confiscate any personal property belonging to them that is in violation of camp rules. (It will be returned to parents when the session is over.)
- g. The camp reserves the right to dismiss any child (without refund) whose actions, behavior, or attitude, are contrary to the best interests of the camp.
- h. This application will only be processed if this form is filled out completely and submitted together with full payment.
- i. This registration is not finalized until an email is sent to me confirming it. **NOTE:** Please enter info@campshetek.com into your contacts so that your email does not go to junk mail.
- j. Cancellations must be submitted via email to info@campshetek.com. Refund Policy: All refunds are subject to a \$50 administration fee and are only given if the cancellation is received 14 days prior to a camper's scheduled camp. Once confirmed, this registration spot is non-transferable.

* **Parent's Signature** _____ **Date** _____

• Parent or guardian can type your name for the "Parent's Signature". Otherwise, you can print the form, sign it, and scan it.

